STATE TITLE V BLOCK GRANT NARRATIVE
STATE: GU
APPLICATION YEAR: 2006

I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

The assurances and certificates are maintained at the Chief Public Health Office at the Department of Public Health and Social Services.

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

The Guam Title V Program elicits ongoing public input and consumer representation on committees and in activities. The Children with Special Health Care Needs (CSHCN) and Adolescent Health component have successfully engaged youth in planning and advisory capacities resulting in youth oriented materials and activities developed to fit their needs. The CSHCN Program actively involves parents on the advisory committees. Parents and consumers are recognized as critical components of successful programs and their input has been assured through their integration into routine program functions.

II. NEEDS ASSESSMENT

In application year 2006, the Needs Assessment must be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

Overview of the state

There are many factors that impact the health delivery system on Guam. The Guam Department of Public Health and Social Services seeks to improve the health and well being of all Guam residents through a myriad of programs and activities. In addition, its priorities include building the public health infrastructure on Guam and addressing bioterrorism. Within this context the Maternal and Child Health (MCH) Program focuses on the well being of the MCH populations of women and infants, children and adolescents, and children with Special Health Care needs (CSHCN) and their families, addressing in particular the priorities identified in the MCH 2005 needs assessment.

The island of Guam is located in the Pacific Ocean approximately 1,200 miles east of the Philippine Islands at 13º 28' north latitude and 144 º45' east longitude. Guam is part of an underwater range of mountains running southward from Japan. Situated in the Western Pacific, across the international dateline, it is the largest of more than 2,000 islands scattered between Hawaii and the Philippines. Guam is the southernmost and largest island in the Mariana archipelago with a total land area of approximately 212 square miles. The island is 30 miles long and has a width varying from approximately 8.5 miles in the north, to 4 miles at its center, to 11.5 miles in the south. Active reefs and 12 small, uninhabited limestone islands surround the island.

Guam's tropical climate features warm temperatures and high humidity throughout the year. There is a marked seasonal variation in rainfall, with July through December the rainy season, although some rain occurs during the dry season. March is the driest month, with an average of less than 2.5" of rain. The average humidity varies from an early morning high of 86% to an afternoon low of 72%. The atmosphere's high moisture content during the wet season, combined with the warm temperatures, contributes to the rapid deterioration of man-made materials through rust, rot, and mildew.

Typhoons, the most intense tropical cyclones observed anywhere, form over the open ocean of the western Pacific. Most of these tropical cyclones are in their formative stages while near Guam. Although these systems often influence Guam's weather, they rarely strike the island. Because Guam is in the middle of tropical ocean waters, it is no stranger to tropical depressions, tropical storms, and typhoons. Although it is a less frequent occurrence, Guam has experienced direct hits from some very serious storms.

Typhoon Chata'an battered Guam in July 2002 with sustained winds of 100 miles per hour and gusts to 120 miles per hour. The storm caused massive damage, leaving the island powerless and with low to no water pressure in some areas. Hundreds of residents were left homeless.

Five months later, in December 2002, Super Typhoon Pongsona savaged the island. Pongsona was one of the worst typhoons to strike the island. It was Guam's third most intense storm with sustained winds of 144 miles per hour and gusts over 180 miles per hour. Damage estimates totaled more than $700 million.

Guam is home to a population of 166,090. It is a multi-ethnic, multi-cultural, and multi-lingual community of 42% indigenous Chamorros, 27% Filipinos, 6.75% Caucasian, 7% from the Freely Associated States of Micronesia and the Republic of Palau, and 17.25% representing other ethnic groups.

A tourist-driven economy has made Guam dependent on the rise and fall of economies of other countries within relatively close proximity to the island. In the early 2000's, two major hotels closed due to a decreased demand for accommodations, which resulted in approximately 400 jobs eliminated. The hotel closures added an additional strain on the social services provided to the local community. Today, Guam's economy is seeing an increase in tourist arrivals contributing to the decrease in the employment rate from 15.3% in July 2000 to 7.7% in March 2004. However, the

unemployment rate on Guam continues to be reported at a higher rate than the U.S. national average compared to 7.7% for Guam.

The Guam Census 2000 reported the median household income to be $39,617. The income median has slightly increased to $41,196 in 2003 due to a slight upward trend in the economy. Prices for goods, however, continue to increase considerably due to the high cost for travel, shipping, and fuel.

Per Capita Income for 2003 was $11,254 an increase of $382 or 3.5% from calendar year 2001. The Mean Earner's Income for 2003 was $21,778, which was $176 or 0.8% above the calendar year 2001.

The Guam Housing and Urban Renewal Authority (GHURA) reported in April 2005 that 506 families were receiving public housing assistance, of which 40% were in the central region, 14% in the northern region, and 46% in the southern region of Guam. The public housing assistance provides housing units to qualifying low-income families. Under a separate program, the Section 8 program of GHURA, vouchers for housing are provided to qualifying low-income families. Two thousand three hundred sixty four (2,364) low-income families are supported through this program, of which the majority of recipients reside in the northern and central regions of Guam.

According to the U.S. Census Bureau, between 1989 and 1999, the number of children living in families with incomes below the poverty line grew 77%, from 8,756 to 15,509. The percentage of children in poor families increased from 19% in 1989 to 29% in 1999.

On Guam, the number of female-headed families with children increased from 2,438 in 1990 to 3,753 in 2000, a 54% increase, while the numbers of married-couple families with children decreased by 3%. In 2000, about one in five families with children on Guam were headed by a female householder.

Census 2000 data show that the demand for childcare is slightly lower on Guam than it is in the nation as a whole. On Guam, 56% of children under age 6 lived in families where all the resident parents were in the labor force.

Furthermore, on Guam, as elsewhere, it is common for grandparents to provide childcare while parents are working, and in many households, grandparents are the primary caregivers for young children. On Guam, there were 3,709 grandparents who lived with their grandchildren in 2000, and about 41% reported that they were responsible for childcare.

Education is an important component of our well-being. Based on statistics from the Guam Public School System, there were 8,919 adolescents enrolled in the public high school during school year 2003-2004. There were 1,456 graduates for the same time period. However, the annual dropout rate for school year 2003-2004 was 7.1%, an increase of 0.6 compared to the previous year which was 6.5%.

Guam, not unlike other areas in the nation, suffers from a shortage of certain types of health care providers, including neonatologists, dentists, and obstetricians. Hiring restrictions in place under the government's Civil Service System exacerbates the problem. One of the restrictions involves government pay scales that have not been revised in more than a decade.

The shortage of nurses at the hospital continues to be a problem, though the numbers are an improvement from the 30% vacancy rate throughout the nursing division. Currently, of 190 full-time positions for registered nurses, 12% are vacant. Out of 50 positions budgeted for licensed practical nurses, only 22 are filled. A pay raise enacted by the Legislature in 1998 was helpful, but in the face of a nationwide nursing shortage, it is not enough.

Dental health services are inadequate for Guam's children with special health care needs. Limited availability of providers and limited coverage of specific aspects of dental care are identified barriers. Private insurance and Medicaid often refuse to cover specialty dental services for special needs children's dental care, which increases the financial burden on families.

Unlike state programs, Guam's Medicaid federal reimbursement is capped at $6.69 million, with a federal matching rate of 50%. Because of the difficulties of covering the costs of basic mandatory set of services, many services and supports that may be needed by children and their families are not covered. Also, residents of Guam are not eligible to receive Supplemental Security Income (SSI), a potential resource for purchasing needed services available to eligible individuals in the states. Another potential source of financing is Guam's locally funded Medically Indigent Program (MIP), which provides medical assistance to low-income families who do not qualify for Medicaid. Considered a payor of last resort, MIP currently provides a severely limited health care benefit package that does not include mental health services.

The Department of Mental Health and Substance Abuse (DMHSA) is the government agency responsible for addressing the mental health needs of Guam's citizens. For years, DMHSA has failed to provide adequate services to residents needing treatment. In 2001, several individuals with disabilities filed suit against DMHSA, the Governor of Guam and the Department of Integrated Services for Individuals with Disabilities (DISID).

In 2004, a district court judge ordered DMHSA to develop and implement a comprehensive plan to ensure adequate services are provided to the public. In early 2005, mental health officials were ordered to appear in court to explain why the court order was not followed.

This lack of identification and treatment has major implications for Guam children and, indeed, for the island's social fabric. Untreated mental health problems often lead to high rates of medical services and place children at increased risk for chronic psychosocial illnesses. Early intervention, particularly in young children, can significantly reduce problems before they become more difficult and costly to treat.

COMPACT IMPACT

The Compact of Free Association Amendments Act of 2003 (P.L. 180-188) renewed the original Compacts of Free Association between the United States and the Federated States of Micronesia (FSM) and the Republic of the Marshall Islands (RMI). A provision in the new law authorizes the President of the United States, at the request of the Governor of Guam, to release, reduce, or waive, in whole or in part, any amounts owed by the Government of Guam to the United States Government as an offset for previously incurred and un-reimbursed compact Impact costs. This process began with the submission by the Governor of Guam of a report detailing un-reimbursed Compact Impact costs.

The Government of Guam found that the un-reimbursed cost incurred for providing educational, health and social services to citizens of the FSM, RMI and Palau for the period FY 1987 to FY 2003 were $269,313,119.

The Department of Public Health and Social Services claimed a Compact Impact cost of $38,495,872. Because not all programs were able to provide data, the claim was for only those programs where expenditure data and service level data were available.

Health Disparities

The National Institutes of Health defines disparities as "the differences in the incidence, prevalence, mortality and burden of disease and the adverse health conditions that exist among specific populations in the United States." Most health disparities are usually noted in terms of race/ethnicity, income and gender. However, disparities also exist in other dimensions such as geographical location. Minorities and other underserved populations continue to experience limited access to quality health services, economic resources and continue to have poorer health than the general population.

On February 25, 2004 officials from the Office of Minority Health, the Department of Interior Office for Insular Affairs and the Government of Guam testified before the House Subcommittee on Human Rights and Wellness regarding Health Care in the U.S. Pacific Territories. Some of the issues brought forth were:

1. Geographical Location

Because of its remoteness from Hawaii or the continental United States, Guam is relatively "isolated." Because of this distance, the operational costs on Guam are significantly higher than elsewhere due to shipping costs.

Furthermore, during a disaster, it generally takes several days for assistance to be mobilized from other areas. This means that for the period of time until off-island help arrives, Guam is essentially on its own and our healthcare resources would be consumed relatively quickly.

2. Economic Challenges

The economic downturn as a result of the mid-1990 Asian economic crisis means that local government resources are less available for all government activities, including health care.

Unlike the United States, Medicaid reimbursements to the territories are subject to caps. Guam receives a maximum of $6.68 million a year.

3. Lack of Health Care Professionals

Since 1988, Guam has been designated by the Department of Health and Human Services, as an Health Professional Shortage Area (HPSA).

The lack of specialists and tertiary care limits options for treatment and quality of care, thereby impacting the quality of life. Factors include low salary and the remoteness of the island.

Guam has one fully functioning civilian hospital to service its nearly 164,000 citizens. Currently, only about 150 physicians reside (however, not all are practicing) on the island and must care for not only local patients, but also thousands of patients who are transported to the island every year from many of the smaller surrounding islands.

The island's only radiation oncology service closed permanently due to severe damage, which occurred as a result of the last typhoon. Patients must be sent to Hawaii or beyond for radiation treatment. There is a cardiac catheterization lab at the hospital however; its use is limited due to the lack of a cardiac surgeon. There are adequate dialysis services on the island, but there is also a high rate of amputation due to the lack of a wound care program.

Island health insurance companies estimate they spend 30% of their premium revenue on off-island referrals. With approximately 100,000 individuals covered, the exodus of funds exceeds $30,000,000 annually.

4. Health Status

While Guam's top leading causes of death seem similar to the United States, there are disparities for certain disease conditions. The Diabetes prevalence rates for the entire adult population ranges from 25% to 46% higher than those in the United States. In 2003, the adult diabetes prevalence rate was 10.1% as identified through the Behavioral Risk Factor Surveillance System. The rate for the indigenous Chamorro population increased from 9.7% of adults in 2002 to 13.4% in 2003.

Communicable diseases are of great concern to Guam. Guam's Tuberculosis (TB) rates continue to

be higher that those of the United States. A review of reported TB cases from 1992 through 2003 shows a gradual increase from a low of 51.3 per 100,000 in 1992 to a high of 78.7 per 100,000 in 1996. In 2002, Guam's TB incidence was 40.4 compared to 11.9 for Hawaii and 5.2 for the United States.

Since 1994, there have been three Measles outbreaks on Guam. During the 1994 outbreak, there were a total of 228 confirmed cases and three deaths. During the 2002 outbreak, there were 9 confirmed cases. In the 2003 outbreak, there were 7 confirmed cases.

5. Migration

As a result of the Compact of Free Association between the United States and the Freely Associated States (FAS) of Micronesia, these residents are allowed to freely enter the United States, including the insular areas. House Joint Resolution 63, the Compact of Free Association Amendments Acts of 2003 was signed into law December 2003. The legislation includes "Compact Impact" funding earmarked for areas, which have been burdened by costs associated with migration. Poor education and health care facilities in FAS make migration to other locations more attractive.

In a 2000 assessment of Compact Impact, Guam identified unpaid services by Guam Memorial Hospital Authority to FAS patients totaled over $5.4 million. Officials reported patients' reliance on the hospital's Emergency Room for primary health care and not urgent conditions. Although FAS represented approximately 5% of Guam's population, they accounted for approximately 12% of the emergency room patients per month.

Maternal and Child Health Indicators

Guam had 3,427 births in 2004; this was the island's first increase in the number of births since 2001. The number of births in 2001 was 3,583; in 2002, the number fell to 3,222; in 2003, the number rose slightly to 3,298.

Low birth weight and prematurity continue to be a challenge for Guam's mothers and infants. Data provided from the Guam Office of Vital Statistics, Live Birth Certificate files, show that in 2004, 8.46% of Guam's infants are born weighing less than 2,500 grams and 1.4% were born weighing less than 1,500 grams. Preterm births (defined as live births at less than 28 weeks gestation) were 6.65% of all births.

From 2000 to 2004, Guam's infant death rate rose from 6.07 to 12.25 deaths per 1,000 live births. Substance abuse during pregnancy on Guam has risen significantly. In 2000, there were 294 low birth weight babies with 11.9% of those births occurring with a mother who used some harmful substance during pregnancy. In 2004, there were 290 low birth weight babies, with 12.5% born with a mother using substances during her pregnancy. Tobacco was the most commonly used substance during pregnancy.

Teen pregnancy is considered a public health problem for several reasons related to the health of both mother and infant. Teen pregnancies on Guam have declined from a rate of 39.08 births per 1,000 females in 2000 to a rate of 34.14 in 2004.

B. AGENCY CAPACITY

Agency Capacity

The State Title V Maternal and Child Health Program is housed within the Chief Public Health Office, Division of Public Health, Department of Public Health and Social Services.

The statutory basis for maternal and child health services in Guam originates from 10 GCA, Article 4, Section 3401 which states, "The Department of Public Health and Social Services is hereby designated as the agency to cooperate with the duly constituted Federal authorities in the administration of these parts of the Social Security Act which relate to maternal and child health services and the care and treatment of children with special health needs and is authorized to receive and expend all funds made available by the Federal government or from any other source for the purpose provided in this article; provided, that all plans, rules and regulations, or agreements adopted in connection therewith shall be subject to the approval of the Governor."

The Department of Public Health and Social Services is the territorial authority committed to: assuring accessible, affordable, confidential, and comprehensive quality health care to all Guam residents and visitors; regulating, monitoring, and enforcing standards for all health services, facilities, and professionals; educating, mobilizing, and empowering the community toward the development of positive lifestyles; and protecting the health and safety of the community.

The mission of the Guam Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) Program is to promote quality health care for women, children, and families, and assure access to services for high-risk and special needs groups through planning and coordination of comprehensive health service systems.

The Guam MCH and CSHCN Program's goals and objectives are: 1) to assure access to comprehensive, coordinated, family-centered, culturally-competent primary and preventive health care services for all women and children, especially low income and vulnerable populations, in order to promote positive maternal and child health outcomes; 2) to improve the health of children and adolescents through comprehensive, coordinated, family-centered, culturally-competent primary and preventive care; and 3) to provide a system of coordinated, family-centered, community-based and culturally-competent care for children with special health care needs and their families.

Preventive and Primary Care Services for Pregnant Women, Mothers, and Infants

The Guam Title V Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHSN) Program is administered as one integrated program within the Department of Public Health and Social Services (DPHSS). This allows for better and more efficient coordination of services in MCH. The program provides health care services for mothers, infants, children, youth, and their families. The program also provides and coordinates a system of preventive and primary health care services for this population. These services include prenatal clinics, care coordination, and access to pediatric sub-specialty care for children and adolescents with special health care needs.

Women's Health Component- The goal of the Women's Health Component is to prevent maternal and infant deaths and other adverse perinatal outcomes by promoting preconception health; assuring early entry into prenatal care and improving perinatal care.

The women's health component is consistent with federal mandates to reduce infant mortality and promote the health of women and children (Title V of the Social Security Act of 1935). Program efforts are designed to improve the health of women of reproductive age and their newborns by assuring that comprehensive, quality maternal health care services, including outreach and education, are available to Guam citizens in need. Component activities include:

1. Assuring access to maternal health services, including medical care, risk assessment, prenatal care, smoking cessation counseling, assistance in obtaining hospital-care services, and referral for family-planning and preconception health care;
2. Promotion of preconception health including the use of folic acid preconceptually; and
3. Breast feeding promotion and counseling in cooperation with the Guam Breastfeeding Coalition.

Family Planning- The goal of the Guam Family Planning Program is to improve the health of women of reproductive age by assuring that comprehensive quality family planning and reproductive health

care services are available and accessible to citizens in need. The target population includes citizens in need of family planning services, with special attention to those who are uninsured and those with incomes below federal mandates to lower the incidence of unintended pregnancy and promote the health of women of reproductive age (Title X of the U.S. Public Health Services Act of 1970).

Program activities include the following:

1. Assuring reproductive health care by providing an array of preventive health care services including contraceptive care, reproductive health education and counseling, sexually transmitted disease services, HIV/AIDS prevention services, breast and cervical cancer screening, cardiovascular risk screening, and referrals for indicated health and social services; and
2. Developing community-based outreach strategies for reaching and serving young people, both male and female, who are at risk for unintended pregnancies.

The Guam Newborn Screening Program ensures that all newborns are screened before discharge from the hospital and again at the first medical visit, if the baby was initially screened before 48 hours old. The newborn screening battery consists of tests for the detection of Phenylketonuria (PKU), Cystic Fibrosis, Congenital Adrenal Hyperplasia, Galactosemia, Hemoglobinopathies, Hypothyroidism, and Biotinidase Deficiency. For infants with abnormal tests staff assist the primary medical provider in follow up to ensure timely and appropriate confirmatory testing and, if determined to be diseased, treatment.

The Early Hearing Detection and Intervention (EHDI) Program, within the Guam Center for Excellence in Developmental Disabilities Education, Research and Service (Guam CEDDARS), University of Guam works closely with MCH to ensure hearing screening for all newborns. The EDHI Program conducts initial hearing screening at the Guam Memorial Hospital Authority (GMHA). Follow up is provided for all infants with an abnormal newborn hearing screening, as well as infants that have not had a screening test. EDHI staff provide training and technical support to hospital personnel and work with private providers to facilitate follow-up hearing evaluations.

MCH also funds home visiting nurses that follow mothers of low socio-economic status. Nurses follow guidelines that include home visitation, health education, referrals, and other support to the women and their infants.

MCH educates women in Guam about AZT therapy for HIV-infected pregnant women and the importance of knowing one's HIV status. MCH meets regularly with the HIV program to plan approaches to address perinatal transmission of HIV.

The Breast and Cervical Cancer Early Detection Program is a major force in Guam's Cancer Control Initiative. Implemented through a grant from the Center's for Disease Control National Breast and Cervical Cancer Early Detection Program, the program's purpose is to reduce mortality from breast and cervical cancers by establishing, expanding, and improving community-based screening services. Many women face economic and insurance barriers that prevent them from participating in a regular program of screening. Components of the program include public and provider education, community assessment, outreach to high-risk populations, surveillance, screening, case management, and follow-up services.

MCH refers qualified individuals to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC is a nutrition and education program benefiting infants, children under age five, pregnant, postpartum, and breastfeeding women with low to no moderate-income levels. The program provides supplemental foods and nutrition counseling as an adjunct to health care. Enrolled participants receive foods tailored to their particular needs at contracted vendors. Nutrition education is offered at least twice during the client's certification period. Individuals with specific nutrition related concerns receive additional nutrition education contacts from nutritionists.

Preventive and Primary Care for Children, Infants, and Adolescents

MCH is targeting the leading causes of child morbidity and mortality by providing preventive and primary care services for children. Comprehensive preventive child health services including physical examinations, laboratory and other screening procedures, immunizations, nutritional assessments, and counseling are performed.

The Division of Public Welfare, Department of Public Health and Social Services administers the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program for Guam. EPSDT services include: 1) one or more physical exams each year based upon an age dependent periodicity schedule; 2) dental services; 3) vision services; 4) immunizations; 5) hearing services; 6) laboratory tests; 7) treatment for any health problems discovered during the exams; 8) referral to other medical specialists for treatment; 9) a check of the child's growth and development; 10) follow-up check-ups; 11) health education and guidance; and 12) documentation of medical history.

The Guam Immunization Program purchases vaccines used to immunize the population of Guam. Additionally, the program maintains a surveillance effort to record childhood immunization levels among two year old and school-age children. They also assist in the investigation of outbreaks of vaccine-preventable diseases and the promotion of immunizations through island wide media and outreach campaigns.

The Dental Health Program is responsible for the implementation of Guam Public Law 24-196 mandating preventive dental services for children below the age of 17; providing basic dental treatment for eligible low income children and providing emergency dental care for relief of pain for senior citizens 55 years and older. Recently, the Dental Health Program was awarded a grant through the Health Resource Service Administration (HRSA) to 1) encourage pediatricians and general practitioners who are employed at Public Health to apply fluoride varnish on their child patients who come for their well-child visits; 2) physicians at Public Health are trained to do oral health screenings and how to detect caries; 3) parents enrolled in the WIC Program will be given dental health education while their children receive a fluoride varnish treatment; and 4) children in the Head Start Program will receive dental health education and fluoride varnish applications on their teeth.

The Guam MCH Program has applied for the Early Childhood Comprehensive Systems (ECCS) grant. The project goals include: 1) develop a comprehensive early childhood service system that integrates access to health insurance and a medical home, mental health and social emotional development of children, early child care and education, parenting education, and family support; and 2) increase coordination of a network of state and community-based early childhood programs and initiatives and promote early childhood leadership.

The MCH Injury Prevention Component's mission is to reduce the number and severity of injuries to residents of Guam, with special emphasis on injuries to children. Staff provide training, technical assistance, educational materials, and safety products during community outreach. Injury specific topics include child passenger safety, product safety, shaken baby syndrome awareness, and playground safety.

The growth of Guam's adolescent population and growing awareness of adolescence as an opportunity for the prevention of health risk behaviors that are the leading causes of death among this age group and major contributors to adult mortality have led Guam to expand its focus on adolescent health promotion.

The Adolescent Health Team was developed to implement strategies to enhance the overall health of youth; to promote services and policies that are formed from a holistic youth development approach; to address adolescent health disparity issues; to create partnerships among all public/private organizations that address adolescent health issues; and to track and assess the 21 Critical Objectives for Adolescent Health, Healthy People 2010. An adolescent health data report is in the process of being drafted and should be completed in the fall of 2005.

The Office of Planning and Evaluation, Department of Public Health and Social Services oversees the Rape Prevention Education Grant. The key goal of this program is to increase knowledge in how to prevent rape, especially date rape, in females 11 years of age and older and young men age 11 to 18 through educational workshops and presentations.

Guam was awarded a grant through the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop a three-year comprehensive substance abuse and early intervention plan. In late 2003, a State level prevention and early intervention advisory council (PEACE) was established. Guam's Title V Program is an integral part of the council.

Teen pregnancy is considered a public health problem for several reasons related to the health of both mother and newborn. Early sexual activity can result in a higher risk for sexually transmitted diseases, which could harm the fetus and affect the future fertility and health of the mother. Preventive interventions to address teen pregnancy through Guam's Title V Program include programs to delay the onset of sexual activity, promote abstinence as the social norm, reduce the number of adolescents who have sex at young ages and increase the number of sexually active adolescents who use contraceptives.

The Guam Abstinence Only Education Program, founded in the fall of 1998, was implemented through a collaborative effort between the Guam Department of Public Health and Social Services and non-profit community organization. The Program's goals are to reduce out-of-wedlock births and sexually transmitted diseases in teens and to encourage sexual abstinence until marriage by: 1) supporting abstinence-only education programs for school-age children, male and female, grades 5 through 12; 2) developing and implementing strategic, island wide communication efforts designed to increase awareness and acceptance of abstinence as a healthy choice and a positive lifestyle; and 3) involving parents and the community in the development and implementation of programs and activities that are accessible and promote abstinence decisions.

Services for Children with Special Health Care Needs

For children, ages 0 -- 21, with disabilities and chronic conditions, the Guam MCH Program provides preventive and primary care. The Children with Special Health Care Needs (CSHCN) component offers a system of family-centered, coordinated, community-based, culturally competent care. Services are provided either directly through Title V or by referral to other agencies and programs that have the capacity to provide medical, social and support services to this population.

C. ORGANIZATIONAL STRUCTURE

Organizational Structure

The Guam Title V Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) Program is administered as one integrated program within the Chief Public Health Office (CPHO), Division of Public Health, Department of Public Health and Social Services (DPHSS).

The DPHSS is headed by the Director of Public Health and Social Services. The Director's position is a cabinet-level position within the Governor's Office.

The MCH/CSHCN Program reports directly to the Chief Public Health Officer. The Maternal and Child

Health Program (MCH) Program Coordinator reports directly to the Director.The MCH/CSHCN Program is operated as a single organizational unit and serves as both the local and state agency. This single state agency is authorized to administer Title V funds and is responsible for both MCH and CSHCN services.

The MCH Program is guided by an advisory council, a fifteen member body charged in developing goals and objectives, long range program planning, identifying service gaps, locating resources and monitoring the quality of services provided.

Under the supervision of the MCH Program Coordinator is the State Title X Family Planning program. The Family Planning Program emphasis is on; 1) direct medical services including physical exams, breast, cervical cancer screening, sexually transmitted disease testing and treatment, pregnancy testing and offering contraceptive methods; 2) health education and counseling services including reproductive health, abstinence, contraceptive methods, STD and HIV risk reduction and infertility (Level 1) counseling; and 3) community services including data collection and monitoring for trends; identifying strengths and gaps in services; participating in community committees and educating communities on a broad range of topics related to reproductive health.

The Medical Director of the Department of Public Health and Social Services(this position is presently vacant) provides in-kind assistance to the MCH Program. The Medical Director provides clinical services as a pediatrician and provides information for grants, policies and procedures.

In addition to the input by the Medical Director, input is sought from the Medical Advisor on women and child health issues. The Medical Advisor's duties and responsibilities include: review of patient charts to determine compliance with established protocols and medical standards; professional support for the expanded roles and practices of professional nursing personnel; review of cases; providing technical assistance in the development of MCH policies; review of the medical components of the MCH Program and conducting training for nurses and staff.

The Title V Program supports twenty personnel with a vacancy rate of 40% (8 vacancies). Personnel within the Office of the Chief Public Health Officer provide in-kind services in the planning, evaluation, data collection and analysis of the program.

Furthermore, within the Division of Public Health, several parents of Children with Special Health Care Needs (CSHCN) have reviewed the grant application. There is no special staff position as a family consultant for CSHCN. The parents met with program staff to address problems, barriers and discuss recommendations and planning strategies to reach the goals and objectives of the CSHCN component of the MCH Program.

D. OTHER MCH CAPACITY

Other Capacity

The Guam Department of Public Health and Social Services has developed formal plans to protect the public in the event of public health emergencies, including bioterrorism. As the plans are updated and reviewed, additional content was recommended, including specific interventions for special populations such as children with special health care needs and persons with limited English proficiency. Guam's Title V Program assists in these and other areas related to the maternal and child population.

Guam was awarded a significant federal grant to assist in developing and examining options to expand access to affordable health insurance. The grant's goals include: 1) building a complete data-driven picture of Guam's uninsured population; 2) building a complete and data-driven picture of Guam's beliefs on expanding access to health insurance; 3) designing coverage options that will incorporate data on the uninsured citizens beliefs regarding expanding access to health insurance;

and 4) creating a strategy to achieve the goal of expanding access to health insurance.

The Guam Department of Public Health and Social Services works with the Guam Legislature to help assure consistency in legislative mandates, to resolve inconsistencies, to write regulations and ensure consistent policy across family and child-serving entities.

To help protect the health and well-being of MCH populations, Guam has a strong legislative base for:

· MCH related governance and the organization and function of advisory bodies;
· Uniform data collection through vital records and registries;
· Public health reporting of communicable diseases, births and deaths, child abuse and other adverse events;
· Environment protections, such as the indoor smoking law and regulations regarding food establishment inspections; and
· Access and quality assurance monitoring required by public insurance programs.

Title V and the Department of Public Health and Social Services provide a range of outreach interventions including street-level outreach and home visiting in targeted efforts to reach MCH populations that can be hard to find, hard to keep engaged and/or hard to keep in services because of their unique life circumstances, such as homeless women who move frequently, geographically isolated women and families, drug abusing women, and those of different languages and culture.

E. STATE AGENCY COORDINATION

State Agency Coordination

The needs of the MCH population are multiple and complex. Because of this, there is no public or private agency, program, or community based organization that can satisfy all the needs of the most vulnerable population comprised of women in their reproductive age, children and adolescents. It is therefore imperative to establish appropriate coordination mechanisms among all concerned entities in order to reduce duplication and fragmentation of services and to be more efficient in the utilization of scarce resources available.

In Guam, there is in place satisfactory coordination mechanisms among several public agencies and other sectors of the community at local levels. These coordination mechanisms are at both formal and informal levels. The Department of Public Health and Social Services has established formal relationships with other public agencies, academic institutions, and health care facilities. All of these formal arrangements enhance the capacity of the MCH population.

This formal coordination is the outgrowth of established laws and executive orders of the Governor, which mandate specific agencies and programs to sit at the table to coordinate certain types of services for the population. There are also memorandums of understanding among agencies and programs, which enhance coordination of services. Other formal mechanisms, which contribute to the achievement, are interagency committees, task forces and coalitions, among others. Several of the laws and executive orders require the participation of consumers.

Below are highlights of the enhanced coordination all of which serve the MCH population. The MCH staff are regular members of most of these:

Suicide Prevention Task Force: In recent months there has been an increase in suicides and attempted suicide among young people on Guam. The Acting Governor of Guam established the Task Force with specific duties of 1) gathering statistics and information concerning the incidence and circumstances surrounding youth suicide and attempted suicide, to include high risk factors for youth who may engage in negative behavior directed toward the self; 2) identify and coordinate efforts of existing agencies and services to assist such high risk youth; 3) identify risk factors, develop tools and

aids, and disseminate information to assist parents, teachers, community groups, churches and those who come in contact with young people to help them identify and respond appropriately to youth at risk for suicide, suicide attempts and engaging in negative behaviors towards self; and 4) assist in developing new programs, such as day hospital care programs and locate resources and funding which can bring these program into being.

Healthy Mothers Healthy Babies (HMHB): This collaboration with regards to awareness and education on all facets of Maternal and Child health has proven to be very effective in being comprehensive, coordinated, family-centered and culturally competent. Local government agencies and programs along with non-profit and for-profit organizations are involved in the HMHB campaign to promote the health of mothers, women of childbearing age, infants and most importantly, families.

Newborn Metabolic Screening Task Force: This is a collaborative effort between MCH, private providers, insurance companies, and the local hospital. The MCH Program has taken the lead to implement a tracking system for the Newborn Metabolic Screening Program. Guam Memorial Hospital Authority (GMHA) routinely conducts newborn metabolic screens for all neonates born at the GMHA. However, there was no mechanism in place for tracking babies with abnormal metabolic screens or any indication whether a repeat test or early intervention was done to the client. In 1998, MCH developed a disposition form for tracking abnormal screens done at GMHA and to ensure that the physicians (private and public) do a repeat test as scheduled, confirm a diagnosis, and provide early intervention and treatment, as necessary.

Guam Interagency Leadership Consortium (GILC): GILC addresses the problems and concerns of individuals with special needs such as the fragmentation and duplication of services, or coordinated funding systems, the unavailability of community and State resources, and the lack of comprehensive health care coverage and cultural diversity. The MCH Program has assumed the leadership role for the consortium. The GILC consists of government, private and community-based organizations and consumers.

Guam Interagency Coordinating Council (GICC): GICC members are appointed by the Governor to advise and assist the Guam Early Intervention System and other agencies regarding system integration. The GICC is comprised of 19 representatives from various public and private agencies, as well as parents of children with special needs.

Emergency Medical Services for Children (EMSC): The MCH Program is actively involved in the formation of the EMSC Needs Assessment. The involvement of MCH is that 1) core public health functions are addressed; 2) there is responsiveness to emerging trends and issues; and 3) availability of services that are accessible and family-centered.

Community-Based Nursing Program: The program works with local village Mayors and the media to publicize when and where the Community-Based Clinics will be held each month. The program provides public information and education, immunization, abstinence education to teens and comprehensive reproductive services to prevent HIV infection, sexually transmitted disease, and ways to prevent unwanted pregnancies. Other services include Blood Pressure, Blood Glucose, Cholesterol screening and pregnancy testing.

Immunization Services: The MCH Program collaborates extensively with the Guam Immunization Program, which provides vaccines, disease surveillance, assessment of immunization levels, outbreak control measures, monitoring of vaccine usage and evaluation of vaccine reaction. This is all in an effort to increase the immunity level of children on Guam.

Shriners Clinics: This is a collaborative effort between public health providers, Medical Social Services of DPHSS, Medical Records of DPHSS, and the Children with Special Health Care Needs component of MCH. Bi-annual clinics are held for children who need further evaluation and/or surgery and those who require fitting for assistive devices. Information on the availability of the clinics is disseminated through print and electronic media.

Domestic Violence Task Force: This Task Force was created as an island wide effort to reduce the incidence of family and interpersonal violence through public and professional education and outreach, enhance victim services, including a priority focus on children witnessing violence, enhance batterers intervention initiatives and the development of comprehensive protocols for professional entities.

I Familia-ta Fine'nena (IFF): "Families First" Coalition is composed of community-based organizations, parents and other community representatives whose mission is to advocate to facilitate the integration of community services for families and children to work toward the elimination of gaps and overlaps in services, and to provide a "Families First" perspective in the community and in agencies that deal with families and children.

Reach Out Organization: This is a school-based organization, which is dedicated toward spreading awareness of issues facing youth on Guam. The organization's goal is to empower individuals and families of Guam's communities through education to gain knowledge regarding youth issues.

Guam Diabetes Advisory Body (GDAB): GDAB was formed in 1995. It serves as the main focal point for collaboration between stakeholders in the field of diabetes care and management, and evaluation of strategies to help assist in the designing, implementation and evaluation of strategies to help educate the public in the prevention and control of diabetes.

Coral Life Foundation: The Coral Life Foundation is a community-based organization that is committed to making a positive difference in the lives of individuals affected by HIV/AIDS. Through the collaborative efforts of volunteers, public and private agencies, and corporate partnerships, the mission is to prevent HIV/AIDS infection, to provide education, and to advocate for the human rights of all individuals living on Guam.

F. HEALTH SYSTEMS CAPACITY INDICATORS

Title V Guidance requires all States and jurisdictions to report annually on 11 selected Health System Capacity Indicators (HSCI).

The data related to the 11 HSCI is provided on forms 17, 18 and 19, if it was available.

On Guam, we strive to design our Title V Program to put into practice humane systems that will make it easier for Guam to fulfill its public health vision. Such systems foster conditions for home and community environments to nurture children unconditionally, for education and childcare to provide safe and stimulating learning environments, for medical, dental and mental health homes to be accessible and to engage with families in the spirit of affirmation and partnership. Developing these systems to improve the health and safety of the MCH community requires that we identify and measure the outcomes that we want to see in the health status of Guam's women, infants, adolescents, families and communities. Measurement requires information that is thoughtful in relationship with the strengths and needs of Guam's population and has the ability to ignite community and state level action.

It is important to underscore that Guam as well as other territories, are not included in many of the National surveys such as hospital discharge surveys, immunization surveys and the most recent Children with Special Health Care Needs survey. We are capped for the allocation of Medicaid funds and most territories do not receive SSI monies. Therefore, it continues to be a great challenge for Guam to gather the most appropriate data for several of the HSCI's. However, in spite of these limitations, we have been very creative in the search of needed information.

HSCI 1 -- The rate of children hospitalized for asthma.

For 2002: GMHA reported age 0-12 months cases with asthma was 168. Age 13 months to 9 years old was 471 and age 10-19 years was 208.

For 2003: GMHA reported age 0-12 months cases with asthma was 124. Age 13 months to 9 years old was 343 and age 10-19 years was 135.

For 2004: GMHA reported age 0-12 months cases with asthma was 251. Age 13 months to 9 years old was 381 and age 10-19 years was 116.

HSCI 2 -- The percent of Medicaid enrollees whose age is less than one year who received at least one periodic screen.

The Early Periodic Screening, Diagnostic and Treatment (EPSDT) Program provides well-child and comprehensive pediatric care for children and adolescents through the age of 20.

In 2004, there were 1,103 children less than one-year-old eligible for services under EPSDT. The total eligible that should have received at least one initial or periodic screen was 909 and the total eligible that received at least one initial or periodic screen was 32 (2.90%).

HSCI 3 -- The percent of State Children's Health Insurance Program (SCHIP) enrollees whose age is less than one year who received at least one periodic screen.

This HSCI is not fully applicable to Guam, due to the Medicaid cap. Unlike the funding received by U.S. states, the Medicaid and SCHIP funding are capped. Guam receives a maximum of $6.68 million a year.

The Guam SCHIP is administered by the Bureau of Economic Security, Division of Public Welfare of the Department of Public Health and Social Services.

The Child Health Insurance Program Plan, which has been approved by the Centers for Medicare and Medicaid (CMS). Allows for payment of unpaid medical bills for Medicaid eligible children less than 19 years of age whose medical expenditures were not paid because the Federal cap was exceeded. The waiver was allowed by CMS because Congress did not approve enough Child Health Insurance Program (CHIP) monies for the territories that would have allowed a "regular" CHIP.

The lack of financial access for low-income families also restricts their ability to choose private or primary care providers, since many providers do not accept Medicaid clients. This relates to HSCI # 2, as it affects the same population.

HSCI 4 -- The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80% on the Kotelchuck Index.

Title V has made efforts to increase access and utilization of prenatal care and to decrease the occurrence of low and very low birth weight infants, and to ensure that an optimum number of number of women whose expected prenatal visits are greater than or equal to 80% on the Kotelchuck Index.

HSCI 5 -- Comparison of health system capacity indicators for Medicaid, non-Medicaid and all MCH population in the State.

Title V is committed to the development of a coordinated and comprehensive approach to address increase access to medical services by all children, youth and adults.

This HSCI has challenged us to intensify our efforts to strengthen collaboration with the Medicaid Program. Collaboration is the highest form of working together. It involves not only coordinating and cooperating with each other but also sharing resources and capacity.

The process has heightened our understanding of the complexity of the Medicaid Program. At the same time, Medicaid learns from us that Medicaid enrollment does not translate into full access for a recipient and that family centered and culturally competent systems are essential to families are important when they seek preventive care.

HSCI 6 -- The percent of poverty for eligibility in the State's Medicaid and SCHIP Program for infants (0 to 1), children and pregnant women.

Eligibility requirements for the Medicaid and SCHIP are 185% of basic needs standard comparable to 100% of Federal Poverty Guidelines.

HSCI 7 -- The percent of EPSDT eligible children aged 6 through 9 years old who have received any dental services during the year.

In 2004, there were 1828 children aged 6 through 9 years old eligible for services under EPSDT. The number of children receiving any dental services was 514 (0.05%).

HSCI 8 -- The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs Program.

This HSCI is not applicable to Guam; SSI benefits are not available to children with disabilities. The Medicaid Program does not provide these services. Rehabilitative services are provided through the Department of Education Special Education Program and the Title V Program.

HSCI 9 -- The ability of States to assure that the Maternal and Child Health Program and Title V Agency to have access to policy and program relevant information and data.

As leaders, we make sound decisions about policies, strategies and systems only when useful, clear, accurate and timely information is available to us and to our partners.

No single information source can fuel the involved and multifaceted work of maternal and child health. Historically, we have collected information using single purpose or program specific data and we have typically not included families in the design, implementation and evaluation of such information. Computerized databases often are composed of independent data silos from which the exchange of data is difficult and at times nearly impossible. This significantly impairs the capacity of Title V, the community and more importantly, the families to help plan MCH efforts. We are challenged to make major shifts in the way we approach and use data, so that it is more reliable, family centers, population and system based, and tailored to addressing our health disparities.

HSCI 9B -- The ability of States to determine the percent of adolescents in grades 9 through 12 who report using tobacco products.

Part of the Adolescent Health Component is to work to gather information on adolescent health behavior. Information collected on this population is useful in guiding and evaluating alcohol, tobacco, and drug prevention programs.

The Youth Risk Behavior Surveillance (YRBS) provides information on Guam's adolescent tobacco, use, including cigarette smoking, cigars and use of smokeless tobacco.

As reported in the 2003 YRBS 32.8% of Guam public high school students are using tobacoo products of some kind (i.e. cigarettes, cigars and chewing tobacco).

HSCI 9 C -- The ability of States to determine the percent of children who are obese or overweight.

MCH is committed to the development of a coordinated and comprehensive approach to address the

prevention of obesity in children, youth and adults on Guam.

According to the 2003 YRBS data, almost 16% of Guam high school students perceived that they were overweight. In fact, about 18% of Guam adolescents were at risk for becoming overweight or were overweight in 2003. A higher percentage of female students thought that they were overweight, however, more male students were actually overweight or at risk of becoming overweight. Female students were more likely to engage in exercising, dieting or both to lose weight compared to male peers.

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

The Office of Maternal and Child Health Services, Division of Public Health, Department of Public Health and Social Services, is the "single state agency" for Maternal and Child Health on Guam. The Office plans, promotes and coordinates an island wide system of comprehensive health services for women, infants, children, adolescents and families of children who have special health care needs. The Office is known for longstanding community partnerships between the public and private sector, which has ultimately resulted in, improved health status and access for maternal and child health populations.

The Office of Maternal and Child Health Services, in collaboration with multiple agencies, family groups, and individuals, has determined several needs across the service system. The needs, as identified, have been linked to Healthy People 2010 Objectives when possible and are listed by targeted populations; i.e. perinatal, children, adolescents, and children with special health care needs.

The annual assessment of the progress on the National and State Performance Measures provides reassurance in some areas that progress is being made and at the same time points out specific areas that efforts needed to be addressed or intensified to make improvements. Nonetheless, we still feel confident that the priority needs that were developed and the approaches we have initiated to address those needs will have the positive outcomes we seek, in spite of the large proportion of high-risk mothers and children on Guam.

There are many factors that impact the health delivery system on Guam. The Guam Department of Public Health and Social Services seeks to improve the health and well being of all Guam residents through a myriad of programs and activities. In addition, its priorities include building the public health infrastructure on Guam and addressing bioterrorism. Within this context the Maternal and Child Health (MCH) Program focuses on the well being of the MCH populations of women and infants, children and adolescents, and children with Special Health Care needs (CSHCN) and their families, addressing in particular the priorities identified in the MCH 2005 needs assessment.

The island of Guam is located in the Pacific Ocean approximately 1,200 miles east if the Philippine Islands at 13º 28' north latitude and 144 º45' east longitude. Guam is part of an underwater range of mountains running southward from Japan. Situated in the Western Pacific, across the international dateline, it is the largest of more than 2,000 islands scattered between Hawaii and the Philippines. Guam is the southernmost and largest island in the Mariana archipelago with a total land area of approximately 212 square miles. The island is 30 miles long and has a width varying from approximately 8.5 miles in the north, to 4 miles at its center, to 11.5 miles in the south. Active reefs and 12 small, uninhabited limestone islands surround the island.

Guam's tropical climate features warm temperatures and high humidity throughout the year. There is a marked seasonal variation in rainfall, with July through December the rainy season, although some rain occurs during the dry season. March is the driest month, with an average of less than 2.5" of rain. The average humidity varies from an early morning high of 86% to an afternoon low of 72%. The atmosphere's high moisture content during the wet season, combined with the warm temperatures, contributes to the rapid deterioration of man-made materials through rust, rot, and mildew.

B. STATE PRIORITIES

Guam's Title V Program created the original Title V listing of priority needs for the 2000 Block Grant Application submission. The listing of the priority needs was based on the 1999 Needs Assessment of

the MCH population, review and analysis of other programs/agencies needs assessments, and staff discussion. The priority needs that were developed were: 1) to decrease adolescents substance use; 2) to decrease child abuse and maltreatment; 3) to reduce cervical cancer among childbearing age women; 4) to decrease the incidence of youth violence; 5) to decrease the incidence of STD's; 6) to decrease youth tobacco use; and 7) to develop a system of care for children with special health care needs.

Improving the health status, the well-being and quality of life for Guam's women, infants, children and adolescents is a great challenge for the Guam MCH Program. In reviewing the performance measures, it may be perceived that there was a focus on youth. It was felt that this focus is a significant contributing factor to the island's outcome with respect to many of the National performance and Outcome measures.

Since the identification of these priorities, MCH has been involved in discussions regarding how to further address these priority areas as MCH prepares to accomplish it's five year Needs Assessment, while at the same time looking at the big picture in identifying the health status and needs of the MCH population

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	100	100	100	75	80
Annual Indicator	96.0	78.5	73.4	72.9	75.1
Numerator	3456	2811	2365	2404	2574
Denominator	3600	3583	3222	3298	3427
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	85	90	100	100	100

Notes - 2003

The Guam Memorial Hospital Authority was unable to provide data at the time of Grant submission.

The data should be provided within the next two weeks

a. Last Year's Accomplishments

All infants born at the Guam Memorial Hospital Authority, the Naval Regional Medical Center and the Sagu Mañagu Birthing Center are screened for seven disorders: Biotinidase Deficiency, Congenital Adrenal Hyperplasia, Galactosemia, Cystic Fibrosis, Phenylketonuria,

Hypothyroidism and Hemoglobinopathies.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Decrease the number of unsatisfactory specimens submitted by Guam Memorial Hospital Authority.				X
2. Enhance awareness of Newborn Metabolic Screening among health care professions.			X	
3. Improve data system for linking births and newborns genetic screening practices.				X
4. Improve follow-up of confirmed cases to ensure appropriate treatment.			X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MCH Program will continue to provide support for the Newborn Metabolic System. All infants born at the Guam Memorial Hospital Authority, the Naval Regional Medical Center and the Sagu Mañagu Birthing Center are screened for seven disorders: Biotinidase Deficiency, Congenital Adrenal Hyperplasia, Galactosemia, Cystic Fibrosis, Phenylketonuria, Hypothyroidism and Hemoglobinopathies. The program will maintain the ability to follow-up to assure all infants with abnormal lab results are followed until resolution with diagnosis and date of treatment; normal lab results or lost to follow-up.

c. Plan for the Coming Year

Guam's plan relevant to this measure is to attain 99.8% of all newborns screened for genetic disorders.

Title V administrative personnel will also continue to tack all medically prescribed foods and formulas in addition to the coordination of care between the medical community and the family.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual					

Performance Objective			100	100	100
Annual Indicator			54.8	54.8	54.8
Numerator			548	548	548
Denominator			1000	1000	1000
Is the Data Provisional or Final?				Provisional	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	100	100	100	100	100

Notes - 2002

Guam did not participate in the CSHCN Survey

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

There were no planned activities relevant to this performance measure. Although Title V assures family involvement in issues pertaining to the care of Children with Special Health Care Needs, there has been no qualitative data collection on family satisfaction.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Increase the participation of family members in the CSHCN program			**X**	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Guam Title V Program is addressing this measure through continuation and strengthening existing linkages and referral networks.

Other strategies being employed are: expanding outreach and support to culturally diverse population, providers and community organizations; identification of barriers that prevent

families from accessing health care and the promotion of the Medical Home concept.

c. Plan for the Coming Year

Guam's plan is to continue to assure family participation in program policy activities.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	63	64	64	65	65
Annual Indicator	61.5	57.4	56.7	56.7	56.7
Numerator	562	557	548	548	548
Denominator	914	970	967	967	967
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	66	66	67	67	67

Notes - 2002

Although Guam did not participate in the CSHCN Survey, we do have a Special Kids Clinic functioning which serves as a medical Home for our CSHCN

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

Although Guam did not participate in the CSHCN Survey, we do have a Special Kids Clinic functioning which serves as a medical Home for our CSHCN

a. Last Year's Accomplishments

Although the mini-grant funding has been exhausted, the "Special Kids" clinic continues to be operational. The clinic is held at the Northern Regional Community Health Center once a week.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Deliver "medical/health home" training to physicians serving CSHCN	X			

2. Increase to 85% the number of CSHCN who have an identified "medical/health home			X	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Title V Program is considered the medical home for a large percentage of CSHCN. Factors that contribute to this are increasing numbers of underinsured and uninsured families; single heads of house with low paying jobs with little or no medical insurance benefits or paid days off and an overall high poverty rate. In addition, private providers and other primary care provviders rountinely refer families to the prgram for access to specoality care not otherwise available (i.e. Shriner's Clinics).

c. Plan for the Coming Year

The Title V Program will convene a Medical Home Task Force comprised of family members and individuals from programs and other disciplines serving CSHCN including medical providers to develop a consensus of the evidence-based definition of Medical Home.

A plan will be developed to promote the Medical Home approach through collaborations with community based organizations and professionals. This will assure their assistance in encouraging families to access comprehensive health care through a medical home.

Furthermore, the Title V Program and collaborative partners has scheduled in October 2004 a Medical Home Conference/Training. Health care providers, families and youth will be among the presenters. The primary goal of the conference/training is to introduce the audience to the components of a Medical Home with a focus on those individuals incorporating these components into their practice. A secondary goal is designing and implementing a mechanism to follow up on those individuals who attend and create practices within Guam who can act as mentors.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	71	70	70	70	71

Annual Indicator	61.5	61.4	56.7	56.7	56.7
Numerator	562	557	548	548	548
Denominator	914	907	967	967	967
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	72	73	74	74	74

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

Although Guam did not participate in the CSHCN Survey, we do have a Special Kids Clinic functioning which serves as a medical Home for our CSHCN

a. Last Year's Accomplishments

In December 2001, the Medical Director of DPHSS conducted a survey of family practitioners and pediatricians in the public and private sectors. The purpose of this survey, entitled "Survey of Guam Child Health Providers Regarding Children With Special Health Carte Needs," was to gather information about current practices related to caring for children with special health care needs, perceived barriers to care and recommendations for further training. The report indicated that children with special health care needs on Guam do not receive continuous, comprehensive, coordinated and family centered medical care, as promoted by the American Academy of Pediatrics. As noted in the report, most of the physicians surveyed see several children with special health care needs in their practice. Fifteen percent (15.8%) reported seeing "none", sixty percent (60%) of the physician reported seen 5 to 15 children monthly.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Increase to 100% the number of CSHCN who have access to a list of services, and other information			**X**	
2. Increase to 100% the number of CSHCN identified as eligible for Title V Program and are participants				**X**
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Guam was not included in the CSHCN survey.

c. Plan for the Coming Year

Clinic staff continues to screen and update information for all clients during clinic visits. If a family is found to have no health insurance, referrals are made. Families are informed of eligibility requirements and referral procedures for all public insurance programs to which they might apply. Assistance with forms is provided, if needed.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective					100
Annual Indicator			NaN	NaN	NaN
Numerator			0	0	0
Denominator			0	0	0
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	100	100	100	100	100

Notes - 2003

Guam was not included in the CSHCN survey. Consequently, the percent of CSHCN aged 0 through 18 whose families report community-based services are organized so they can use them easily is not available.

The data populated in years 2004 through 2008 is false data so the program could continue inputting data

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

Guam was not included in the CSHCN survey. Consequently, the percent of CSHCN aged 0 through 18 whose families report community-based services are organized so they can use them easily is not available.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increase to 100% the number of CSHCN identified as eligible for Title V Program and are participants			X	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Children with Special Health Care Needs (CSHCN) social workers serve the program participants by providing a holistic approach to care coordination. Multi-disciplinary team members participate with the child/family in planning the most appropriate care needed for the child. The multi-disciplinary team includes the child/parent, physicians, nurses, social workers, the school system, and any community services that may be providing services for the child.

c. Plan for the Coming Year

The Title V program provides access to services, i.e. diagnostic, laboratory, specialty and sub-specialty care for families with no insurance who are not eligible for the local MIP or Medicaid program.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective					100
Annual Indicator			NaN	NaN	NaN
Numerator			0	0	0
Denominator			0	0	0
Is the Data Provisional or Final?				Final	Final
	2005	2006	2007	2008	2009

Annual Performance Objective	100	100	100	100	100

Notes - 2003

Guam was not included in the CSHCN survey. Consequently, the percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life is unknown.

data entered is false data so the program could continue to input data for form 11

Notes - 2004

Guam was not included in the CSHCN survey. Consequently, the percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life is unknown.

a. Last Year's Accomplishments

Guam was not included in the CSHCN survey. Consequently, the percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life is unknown.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. not applicable to the island of Guam				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

In recent years it has become apparent that greater majorities of children with special health care needs are surviving into adulthood -- many of who are capable of going onto lead productive adult lives. This fact has caused the MCH Program to start planning the making of critical changes in the manner in which services are rendered to adolescents, young adults and their families.

c. Plan for the Coming Year

Technical assistance will be provided to MCH staff, partners, families and community based organizations to facilitate the development of strategies for collaboration and communication that will assist families and adolescents in transition planning.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	75	75	75	75	75
Annual Indicator	65.0	65.0	62.0	62.0	50.7
Numerator	8123	7940	6584	6584	7000
Denominator	12498	12216	10614	10614	13801
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	75	75	75	75	75

Notes - 2004

The denominator is the number of children 0-4 years. The Numerator is an estimate of the number of children fully immunized. The Guam Immunization Program presently does not have a fully funtioning regsitry.

a. Last Year's Accomplishments

While still below the targeted performance objective set by Healthy People 2010, the percentage of children being fully immunized by the age of 2 years has increased substantially over time, but has been stagnant over the past few years.

The Guam Immunization Program is not housed in the Office of Maternal and Child Health Services, but rather in the Bureau of Communicable Disease with the DPHSS. This program works closely with WIC, the birthing center and the private practicing medical community and other early childhood programs in an effort to get as many children fully immunized as possible.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Increase services to families with children 0-2.			**X**	
2. Establish an islandwide immunization information system so all health care providers can determine status of their patients				**X**
3.				
4.				
5.				
6.				

7.				
8.				
9.				
10.				

b. Current Activities

Immunization is a vital part of every primary and preventive care visit. All health centers and community health clinics provide immunization services. Immunization records are checked for completeness at every visit and parents receive a copy of the recommended CDC/AAP Guidelines for Childhood Immunizations.

A barrier to timely immunization is the large number of lost opportunities that families of young children experience. To address this barrier, the Guam Immunization Program offers a "mobile" unit, which is deployed to various Mayors office on the island.

c. Plan for the Coming Year

In view of the frequent changes and emergence of new modalities in the field of childhood immunizations, it is necessary to constantly update the knowledge of staff and providers regarding immunizations. To accomplish this, we will promote staff and health care providers attendance at national Conference, other related training session and by distributing educational materials

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	48	47	40	25	24
Annual Indicator	31.7	27.1	30.0	24.5	27.7
Numerator	405	361	121	101	117
Denominator	12780	13298	4029	4116	4230
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	23	22	21	21	21

a. Last Year's Accomplishments

The Guam Title X Family Planning Program provides voluntary services primarily to low income women. The program enable individuals, mostly women of childbearing age and families to achieve their goal for family size. The program works to improve adolescent's understanding of human sexuality and contraception. The program provides medical evaluations, contraceptive

devices and referrals.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Expand and enhance the quality of clinical services through partnerships.	X			
2. Increase services to hard to reach populations by partnering with community based organizations			X	
3. Expand comprehensive services such as STD and cancer screening and prevention, education and counseling			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Title V has collaborated closely with the Guam Department of Education to administer the Youth Risk Behavior Survey (YRBS) in Guam middle and high schools. The data from the YRBS will allow MCH to have current data on adolescent risk-taking behaviors to use in policy and program development and to share with partners in advocating for policy and programs to address prevention measures.

Furthermore, within the Office of Maternal and Child Health Services is the Abstinence Education program, which offers sexual abstinence as a healthy choice in the prevention of pregnancy and sexually transmitted disease. The program facilitates the adolescent population in making the decision to become or remain sexually abstinent.

The Abstinence Education program provided outreach and education to "Island Girl" Power, a local community-based prevention program. Topics included: group pressure preventing adolescent pregnancy, sex education and common risks associated with adolescent pregnancy. The topic of abstinence was provide to 151 adolescents.

Inafa' Maolek is a non-government, community based, non-profit organization which promotes peace in the community. Inafa' Maolek was initiated by a local attorney and involves a network of volunteers which has been involving and training youth in peer mediation, date rape prevention and health education "community" theatre performances.

c. Plan for the Coming Year

The goal of the Guam Family Planning Program is to improve the health of women of reproductive age by assuring that comprehensive quality family planning and reproductive health care services are available and accessible to citizens in need. The target population includes citizens in need of family planning services, with special attention to those who are uninsured and those with incomes below federal mandates to lower the incidence of unintended pregnancy and promote the health of women of reproductive age (Title X of the

U.S. Public Health Services Act of 1970).

Program activities include the following:

1. Assuring reproductive health care by providing an array of preventive health care services including contraceptive care, reproductive health education and counseling, sexually transmitted disease services, HIV/AIDS prevention services, breast and cervical cancer screening, cardiovascular risk screening, and referrals for indicated health and social services; and
2. Developing community-based outreach strategies for reaching and serving young people, both male and female, who are at risk for unintended pregnancies.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	49	49	45	45	46
Annual Indicator	49.0	49.0	49.9	49.0	
Numerator	3509	3509	1651	1654	
Denominator	7163	7163	3307	3377	
Is the Data Provisional or Final?				Provisional	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	47	48	49	49	49

Notes - 2004

Data for Performance Measure # 9 is not available.

a. Last Year's Accomplishments

Data for this mesure is not available

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increase access to comprehensive preventive dental care for clients enrolled in the EPDST Program				X
2. Increase services to families with children		X		

3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Dental Health Program is responsible for the implementation of Guam Public Law 24-196 mandating preventive dental services for children below the age of 17; providing basic dental treatment for eligible low income children and providing emergency dental care for relief of pain for senior citizens 55 years and older. Recently, the Dental Health Program was awarded a grant through the Health Resource Service Administration (HRSA) to 1) encourage pediatricians and general practitioners who are employed at Public Health to apply fluoride varnish on their child patients who come for their well-child visits; 2) physicians at Public Health are trained to do oral health screenings and how to detect caries; 3) parents enrolled in the WIC Program will be given dental health education while their children receive a fluoride varnish treatment; and 4) children in the Head Start Program will receive dental health education and fluoride varnish applications on their teeth.

c. Plan for the Coming Year

The use of sealants and fluoride has been proven to reduce or eliminate tooth decay in the permanent teeth. Though this measure relates to population-based services, providing sealants and fluoride will ipact direct health care services.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	2	2	2	2	2
Annual Indicator	1.9	6.2	2.0	0.0	0.0
Numerator	1	3	1	0	0
Denominator	53965	48245	48818	49180	49426
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual					

Performance Objective	2	2	2	2	2

Notes - 2003

2003 data is not available

Notes - 2004

Data for 2004 is not available

a. Last Year's Accomplishments

On Guam, unintentional injuries are among the leading causes of death among children 1 through 14 years old. Among all unintentional injuries, motor vehicle crashes claim the highest number of deaths.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increase services to hard to reach populations by partnering with community based organizations		X		
2. Continue to collaborate with EMSC in the development and production of childhood injury prevention program				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MCH Injury Prevention Component's mission is to reduce the number and severity of injuries to residents of Guam, with special emphasis on injuries to children. Staff provide training, technical assistance, educational materials, and safety products during community outreach. Injury specific topics include child passenger safety, product safety, shaken baby syndrome awareness, and playground safety.

c. Plan for the Coming Year

The MCH Program in collaboration with the EMSC Program is reviewing existing injury prevention resources from the National Highway Traffic and Safety Administration, American Academy of Pediatrics and the Centers for Disease Control. The information will be tailored to fit the specific needs of agencies and communities that serve school-age children on Guam.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	20	20	20	20	20
Annual Indicator	5.0	5.0	3.1	0.0	0.0
Numerator	189	179	100	0	0
Denominator	3787	3583	3221	3298	3427
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	20	20	20	20	20

Notes - 2003

The program does not have a numerator to report

Notes - 2004

The program does not have a numerator to report

a. Last Year's Accomplishments

While the latest data on breast-feeding indicates that a low percentage of women chose to breast-feed their infants, this should not be taken as an indication of little effort on the part of the Department of Public Health and Social Services or, in particular, the Office of Maternal and Child Health Services.

The Guam Breast-feeding Coalition was established in November 2003. Members include public health nurses, social workers, MCH staff, medical practitioners, WIC, community based organizations and consumers.

The Coalition established three areas of emphasis to increase the rate of breastfeeding mothers on Guam: 1) increase support for breastfeeding;2) develop a legislative agenda targeted at improving support for breastfeeding; and 3) increase education of health care providers on effective strategies to promote breastfeeding.

Structured breastfeeding classes have been implemented at the Central Public Health facility to ensure that all prenatal clients receive at least one breastfeeding education class during their pregnancy.

Women and their partners are taught the benefits and proper techniques of breastfeeding. Information on anticipated problems women may encounter during breastfeeding such as cracked nipples, engorgement and infection are discussed.

Title V has begun to formalize its coordination with the WIC Program through the development of a Memorandum of Understanding. Data sharing is to be developed as well as other activities.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Compile WIC unduplicated data to better assess breastfeeding among WIC mothers				X
2. Increase initiation and duration of breastfeeding of mothers at hospital discharge			X	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

MCH refers qualified individuals to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC is a nutrition and education program benefiting infants, children under age five, pregnant, postpartum, and breastfeeding women with low to no moderate-income levels. The program provides supplemental foods and nutrition counseling as an adjunct to health care. Enrolled participants receive foods tailored to their particular needs at contracted vendors. Nutrition education is offered at least twice during the client's certification period. Individuals with specific nutrition related concerns receive additional nutrition education contacts from nutritionists.

c. Plan for the Coming Year

Promotion of breastfeeding through education about lactation and breastfeeding will continue to be given to all prental and postpartum wommen.

Breastfeeding support will continue to be available through group and individual educational contacts, nutrition support and dietary counseling will be given to all prental and postpartum wommen.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	10	10	12	12	12
Annual Indicator	13.2	14.0	8.9	75.1	75.1

Numerator	500	500	288	2476	2574
Denominator	3787	3583	3221	3298	3427
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	12	12	12	12	75

a. Last Year's Accomplishments

Data show that 75% of all newborns are screened for hearing before hospital discharge.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Enhance awareness of Newborn Hearing Screening among health care professions.				**X**
2. Ensure all referrals receive diagnostic evaluation	**X**			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Early Hearing Detection and Intervention (EHDI) Program, within the Guam Center for Excellence in Developmental Disabilities Education, Research and Service (Guam CEDDARS), University of Guam works closely with MCH to ensure hearing screening for all newborns. The EDHI Program conducts initial hearing screening at the Guam Memorial Hospital Authority (GMHA). Follow up is provided for all infants with an abnormal newborn hearing screening, as well as infants that have not had a screening test. EDHI staff provide training and technical support to hospital personnel and work with private providers to facilitate follow-up hearing evaluations.

c. Plan for the Coming Year

Guam has accomplished the planning for many components of the surveillance and tracking system and is working with the hospital and birthing center on planning for a comprehensive system.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	13	13	15	13	13
Annual Indicator	16.3	17.0	14.3	14.3	14.3
Numerator	9996	9996	8523	8616	8690
Denominator	61383	58803	59515	60167	60687
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	13	13	13	13	13

a. Last Year's Accomplishments

Much of Guam is rural and there is a large part of the population who are uninsured. These families receive medical care through the three public health centers or in the emergency room of the only public hospital -- thus burdening the island's health resources. Guam has been receiving SCHIP funds since 1998. However, many families are not eligible because they are insured by other means (sometime inadequate) or they fail to meet the financial income criteria. Of those families who do have private insurance, many have plans that only provide rudimentary coverage and do not provide for the extraordinary needs of children with chronic health conditions.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue efforts to obtain complete data on the insurance status of all Guam children				X
2. Increase access to comprehensive preventive care for clients participating in Medicaid		X		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

As reported by the Public Welfare Division, DPHSS, May 2005, there were 60,687 children and teens, birth through age 18, living on Guam of which 8,690 or 14% were without health insurance. Of the 8,690 children without health insurance, 2,433 or 28% are children birth through age 4. Guam reports a higher percentage of young children without health insurance compared to the U.S. national average of 11%. As shown below, between 2000 and 2004, there was an increase of 6% in the number of children and teens without health insurance.

c. Plan for the Coming Year

All children that are underinsured or uninsured will continue to receive Title V services.

Performance Measure 14: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	34	34	34	34	34
Annual Indicator	34.0	34.0	34.0	NaN	NaN
Numerator	3398	3398	3398	0	0
Denominator	9996	9996	9996	0	0
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	34	34	34	34	34

Notes - 2003

This Performance Measures is not fully applicable to Guam, due to the Medicaid cap. Unlike the funding received by U.S. states, the Medicaid and SCHIP funding are capped. Guam receives a maximum of $6.68 million a year.

The Guam SCHIP is administered by the Bureau of Economic Security, Division of Public Welfare of the Department of Public Health and Social Services.

The Child Health Insurance Program Plan, which has been approved by the Centers for Medicare and Medicaid (CMS). Allows for payment of unpaid medical bills for Medicaid eligible children less than 19 years of age whose medical expenditures were not paid because the Federal cap was exceeded. The waiver was allowed by CMS because Congress did not approve enough Child Health Insurance Program (CHIP) monies for the territories that would have allowed a “regular” CHIP.

The lack of financial access for low-income families also restricts their ability to choose private or primary care providers, since many providers do not accept Medicaid clients

Notes - 2004

This Performance Measures is not fully applicable to Guam, due to the Medicaid cap. Unlike the funding received by U.S. states, the Medicaid and SCHIP funding are capped. Guam receives a maximum of $6.68 million a year.

The Guam SCHIP is administered by the Bureau of Economic Security, Division of Public Welfare of the Department of Public Health and Social Services.

The Child Health Insurance Program Plan, which has been approved by the Centers for Medicare and Medicaid (CMS). Allows for payment of unpaid medical bills for Medicaid eligible children less than 19 years of age whose medical expenditures were not paid because the Federal cap was exceeded. The waiver was allowed by CMS because Congress did not approve enough Child Health Insurance Program (CHIP) monies for the territories that would have allowed a “regular” CHIP.

The lack of financial access for low-income families also restricts their ability to choose private or primary care providers, since many providers do not accept Medicaid clients.

a. Last Year's Accomplishments

No data for this measure

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Address geographic. ethnic, age related and other disparities in Medicaid population				X
2. Increase access to comprehensive preventive care for clients participating in Medicaid				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Guam Public Law 18-31 established the Medially Indigent Program (MIP). MIP is 100% locally funded. The program provides medical assistance to low-income families who are residents of Guam.

Unlike state programs, Guam's Medicaid federal reimbursement is capped at $6.69 million, with a federal matching rate of 50%. Because of the difficulties of covering the costs of a basic mandatory set of services, many services and supports that may be needed by children and their families are not covered. Also, residents of Guam are not eligible to receive Supplemental Security Income (SSI), a potential resource for purchasing needed services available to eligible individuals in the states. Another potential source of financing is Guam's locally funded Medically Indigent Program (MIP), which provides medical assistance to low-income families

who do not qualify for Medicaid. Considered a payor of last resort, MIP currently provides a severely limited health care benefit package that does not include mental health services.

c. Plan for the Coming Year

No planned activities for this measure

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	1	0.9	0.9
Annual Indicator	1.0	0.9	0.9	1.3	1.4
Numerator	37	34	28	44	48
Denominator	3785	3583	3221	3298	3427
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0.9	0.9	0.9	0.9	0.9

a. Last Year's Accomplishments

A very low birth weight infant is an outcome of a broad number of risk factors that may lead to a premature delivery. These factors include chronic health conditions, obstetric complications, multiple births, behavioral risk factors such as smoking, alcohol consumption, illicit drug use, domestic violence and stress and low BMI at the time of conception among others.

A comprehensive prenatal history and a thorough physical examination are the best tools that help in the identification of the pregnant women at risk of premature delivery.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Expand and enhance the quality of clinical services through partnerships.	X			
2. Analyze data and trend for Very Low Birth Weights				X
3. Analyze current provider practices in the prevention of low birth weight				X
4. Increase access to comprehensive prenatal care for clients			X	

5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Low birth weight and prematurity continue to be a challenge for Guam's mothers and infants. Data provided from Guam Office of Vital Statistics, Live Birth Certificate files, show that in 2004, 8.46% of Guam's infants are born weighing less than 2,500 grams and 1.4% were born weighing less than 1,500 grams. Preterm births (defined as live births at less than 28 weeks gestation) were 6.65% of all births

c. Plan for the Coming Year

Title V plans will be to address several risk factors that may lead to a premature delivery. Among others, these include, but are not limited to:

· Promote the importance of early and continuous prenatal care not only among consumers, but also among providers.
· Identify and address personal and health care system barriers.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	43	43	40	40	40
Annual Indicator	58.3	65.1	45.3	22.2	14.4
Numerator	7	8	6	3	2
Denominator	12010	12292	13234	13508	13906
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	40	40	40	20	20

a. Last Year's Accomplishments

Suicide is the 11th leading cause of death in the United States. When someone commits suicide, many are left to wonder why. Research indicates a number of factors can contribute to

suicide: alcohol and drug use, availability of firearms in the home, lack of access to mental health services, social isolation, homophobia, depression, lack of coping skills, family violence, and/or a family history of suicide.

Although depression is often closely associated with suicidal feelings, not all people who kill themselves are visibly depressed. In fact, some suicidal people appear to be happier than they have been in recent times because they have decided to "resolve" their problems by killing themselves.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Develop a suicide prevention network in each middle and high school.			X	
2. Develop a mental health referral/ services system in the middle and high schools.	X			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Suicide Deaths by Age 2000 - 2004
2004 2003 2002 2001 2000
10-19 yrs 3 4 6 7 7
20-29 yrs 7 6 6 4 14
30-39 yrs 1 7 3 6 4
40-49 yrs 3 1 4 3 3
50-59 yrs 0 2 1 1 1
60-69 yrs 2 0 2 1 0
70+ yrs 0 0 0 0 0
Total 16 20 22 22 29

c. Plan for the Coming Year

Title V will continue to work in the area of teen suicide prevention. Some activities planned are:

· A suicide prevention guideline for schools will be developed in conjunction with partners.
· Identification of public schools to participate in teen suicide prevention activities.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0	0	0	0	0

Notes - 2002

Guam does not have facilities for high risk deliveries

Notes - 2003

In January 2004, the arrival of a Medical Transport System especially fitted for the 767 aircraft arrived. The unit cost almost a quarter million dollars.

However, in order to install the unit for transport, 6 seats have to be removed from the aircraft. Patients are charged for the 6 coach seats, at a medical discount rate. The price tag for the family can cost between $6 – 10,000 and that is without the medical staff that must accompany the patient.

Notes - 2004

Guam does not have facilities for high risk deliveries.

In January 2004, the arrival of a Medical Transport System especially fitted for the 767 aircraft arrived. The unit cost almost a quarter million dollars.

However, in order to install the unit for transport, 6 seats have to be removed from the aircraft. Patients are charged for the 6 coach seats, at a medical discount rate. The price tag for the family can cost between $6 – 10,000 and that is without the medical staff that must accompany the patient.

a. Last Year's Accomplishments

This PM is not fully applicable to Guam

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. not applicable to the island of Guam				
2.				

3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

This PM is not fully applicable to Guam

c. Plan for the Coming Year

This PM is not fully applicable to Guam

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	70	70	70	70	70
Annual Indicator	62.0	63.0	60.5	61.3	59.8
Numerator	2347	2257	1948	2021	2048
Denominator	3787	3583	3221	3298	3427
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	75	75	75	75	75

a. Last Year's Accomplishments

The prenatal care that women receive is the second most important determinant of birth outcome, after socioeconomic status. Pregnant women who receive inadequate prenatal care are at increased risk of bearing infants who are low birth weight, are stillborn, or die within the first year of life. An expectant mother with no prenatal care is three times as likely to have a low birth weight baby. Despite the importance of early prenatal care in protecting against low birth weight and infant mortality, many pregnant women do not enter care during the first trimester of pregnancy.

Factors frequently associated with delayed entry into prenatal care include low income, less than a high school education, young maternal age, lack of transportation, maternal substance abuse, unwanted pregnancy and lack of knowledge regarding the importance of seeking medical care in early pregnancy. Other factors, such as lack of insurance and decreased access to appointments and providers, also affect entry into prenatal care.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Promote training, recruitment and placement of providers (CNM, CNP) in prenatal care settings	X			
2. Ensure that public health clinics offering prenatal care receive essential technical assistance and education				X
3. Increase access to comprehensive preventive care for clients participating in Medicaid			X	
4. Monitor quality improvement for pregnant women and infants who receive Medical Social Services case management				X
5. Increase first trimester prenatal care levels to 75%	X			
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The data show that the percent of women seeking prenatal care in the first trimester decreased from 62.6% in 2003 to 60.5% in 2004. Overall , there has been a 2.2% decrease from 2000 data.

c. Plan for the Coming Year

The MCH Program will continue to work in partnership with the Title X Program to provide preconception counseling when birth control is sought and following a negative pregnancy test.

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *Percent of adolescents aged 12 through 17 reported to have used alcohol, inhalants, cigarettes, marijuana or crystal methamphetamine*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual					

Performance Objective	3	4	4	4	4
Annual Indicator	3.8	5.5	3.6		5.5
Numerator	646	958	611		761
Denominator	16997	17442	16997	13234	13906
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	3	3	2	2	2

Notes - 2003

The program does not have an accurate numerator at the present time

a. Last Year's Accomplishments

The Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) awarded a one-year planning grant to Guam in the amount of $367,548. The grant will enable Guam to develop a three year comprehensive statewide Substance Abuse Prevention and Early Intervention Plan.

On October 22, 2003, the Governor of Guam signed Executive Order 2003-29 "Relative to the Creation of the State Incentive Planning Grant to be Known as the Prevention and Early Intervention Advisory Council Empowerment." Soon after, a State Level Prevention and Early Intervention Advisory Council (PEACE) was established. Title V is an integral part of the Council.

The PEACE Council has been tasked to facilitate the development of a comprehensive 3-year plan to reduce substance abuse rates on Guam. The plan must address five objectives:

1. Identify substance abuse prevention needs of Guam's 12-25 year old group and their families.
2. Establish a method for identifying and filling current gaps in Guam's prevention and early intervention programs targeting 12-25 year olds.
3. Identify currently known funding streams and resources to develop a financial plan for efficient resource utilization.
4. Improve collaboration and coordination among stakeholders.
5. Identify technical assistance and training needs among Guam providers and identify strategies and resources for meeting those needs.

Furthermore, the PEACE Council has drafted two documents for review and implementation.

1. A Memorandum of Agreement (MOA) between the Department of Mental Health and Substance Abuse and PEACE Council members.

The MOA will extend PEACE Council members efforts beyond the one-year planning and development stage of the State Incentive Grant.

2. An Executive Order designating the Department of Mental Health and Substance Abuse (DMHSA) as the lead entity for addressing underage drinking.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Enhance collaborative efforts with Youth for Youth Organization, Guam Youth Congress and Department				X
2. Develop a community assessment tool identifying and measuring the number of asset building activities				X
3. Increase services to hard to reach populations by partnering with community based organizations		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Adolescence is a critical time to establish health behaviors that persist into adulthood. The use of alcohol has a sizable impact on the health of teens. Alcohol abuse can result in a series of educational and social problems that lead to adverse outcomes as an adult, including failure to complete high school, unemployment, and criminal activity. Alcohol use has been linked to physical fights, academic and occupational problems, and illegal behavior. Dependence on alcohol and other drugs is also associated with psychiatric problems such as depression, anxiety and antisocial personality disorders.

Tobacco use is the leading cause of preventable disease and death in the United States. Smoking increases the risk of chronic disease, coronary heart disease and stroke, as well as cancers of the lungs, larynx, mouth and bladder. The use of chewing tobacco has been linked to lung, larynx, esophageal and oral cancers.

Among adolescents, the short-term health effects of smoking include respiratory system damage, addiction to nicotine, and the associated risk of other drug use. Long-term health consequences of adolescent smoking are reinforced by the fact that most young people who smoke regularly continue to smoke throughout adulthood.

Marijuana use has short term and potentially long term health effects. Short-term effects of marijuana include problems with memory, learning, thinking and problem solving, distorted perception, loss of coordination and anxiety. These effects can be magnified when other drugs are mixed with marijuana. People who smoke marijuana often develop the same kinds of breathing problems that cigarette smokers have including coughing and wheezing.

Drug use can result in short term and long-term health problems, as well as increasing the risk of pregnancy and sexually transmitted infections. On a social level, it may result in poor performance in school, inability to maintain employment, criminal activity, etc. Illicit drug use is one of the largest factors in rising jail and prison populations.

c. Plan for the Coming Year

Title V continues a long-standing relationship with the Guam Department of Education (DOE) to administer the Youth Risk Behavior Survey (YRBS). The YRBS is a data collection tool executed every two years by DOE to provide state level data on priority health risk behaviors relating to intentional or unintentional injury and violence; tobacco use; alcohol and other drug use; teen sexual behaviors; dietary behaviors and physical activity.

State Performance Measure 2: *Percent of children younger than 18 years maltreated/neglected.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	3	3	3	10	10
Annual Indicator	43.2	66.4	33.4	38.6	44.2
Numerator	2373	3902	2075	2418	2098
Denominator	54966	58803	62052	62688	47474
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	10	10	10	10	

a. Last Year's Accomplishments

Recognition of abuse and neglect is important because they can lead to many other problems. Children who are abused may be more likely to abuse others over the course of their lives. Violence becomes perceived as a normal and acceptable response for many children who lived with abuse for long periods producing an intergenerational cycle of violence.

Children referred for possible child abuse and neglect are at risk for poor health due to higher rates of poverty, inattention to medical needs, previously unreported and/or untreated injuries and inappropriate or unsanitary living conditions in the home.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Develop a community assessment tool identifying and measuring the number of asset building activities				X
2. Increase services to hard to reach populations by partnering with community based organizations		X		
3. Increase the number of local providers trained in the				

diagnosis/treatment/ and mental health referral	X			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Physical abuse accounted for the greatest proportion (24.64%) of reported incidents followed by physical neglect (14.06%), sexual abuse (10.81%0 and emotional abuse (6.6%).

c. Plan for the Coming Year

Title V will continue efforts to network, coordinate, plan, and develop policy through active participation on numerous coalitions and councils that advocate for the well being of families and children.

State Performance Measure 4: *Percent of Chlamydia Trachomatis infections in women under the age of 25.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	.68	.68	.68	0.5	0.5
Annual Indicator	0.7	0.8	0.5	0.9	17.9
Numerator	268	189	169	337	502
Denominator	36889	22482	34935	36414	2799
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0.5	0.4	0.4	0.4	0.4

a. Last Year's Accomplishments

Even though young women and men can suffer serious health problems from a sexually transmitted disease, STDs have a disproportionate impact on women. They are more easily transmitted to women and more difficult to detect. As a result, complications of undiagnosed infections are far more common and severe.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increase services to males emphasizing shared responsibility and STD/HIV prevention.	X			
2. Increase services to adolescents.	X			
3. Increase services to hard to reach populations by partnering with community based organizations		X		
4. Expand and enhance the quality of clinical services through partnerships.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Chlamydia is one of the most common, treatable sexually transmitted disease affecting women of reproductive age and adolescents in the United States. Chlamydia causes complications related to fertility and pregnancy, including increased rates of premature delivery, premature rupture of membranes and low birth weight.

The Guam Family Planning Program was initiated to support the provision of voluntary services to primarily low-income persons. The mission is to promote optimal health by assisting and counseling individuals, mainly women of childbearing age, and families to achieve the goals they have set for family size.

The Guam Family Planning Program also provides blood pressure screening, clinical breast exams, cervical cancer screening, referrals for abnormal Pap tests, screening for sexually transmitted disease and preconceptual care.

c. Plan for the Coming Year

MCH will continue to work with the Title X and STD Programs to continue screening and treatment efforts.

The Program will continue to provide outreach and education efforts to young women relative to behaviors and practices that puts them at risk.

State Performance Measure 5: *Percent of Childbearing-age women who have been screened for cervical cancer.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	72	70	70	75	76
Annual Indicator	85.0	85.0	75.0	NaN	12.3
Numerator	26489	26634	26715	0	3757
Denominator	31164	31335	35621	0	30427
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	77	78	79	79	79

Notes - 2003

The program does not accurate data at the present time

a. Last Year's Accomplishments

Cervical cancer begins in the lining of the cervix. The cervix is the lower part of the uterus.

There are 2 main types of cervical cancers: squamous cell carcinoma and adenocarcinoma. Cervical cancers and cervical precancers are classified by how they look under a microscope. About 80-90% of cervical cancers are squamous cell carcinoma, which are composed of cells that resemble the flat, thin cells called squamous cells that cover the surface of the endocervix (the lining of the cervical canal).

The remaining 10-20% of cervical cancers are adenocarcinoma. Adenocarcinomas are becoming more common in women born in the last 20 to 30 years. Cervical adenocarcinomas develop from the mucus -- producing gland cells of the endocervix

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Increase services to hard to reach populations by partnering with community based organizations				**X**
2. Expand and enhance the quality of clinical services through partnerships.	**X**			
3.				
4.				
5.				
6.				
7.				

8.				
9.				
10.				

b. Current Activities

Pap Smears by Age, Women 18+ years
Percent Ever Having a Pap Smear

Year 18+ 18-24 25-29 30-44 45-54 55-64 65+
2001 87.9 71.9 90.5 91.0 86.2 92.3 91.7
2002 89.8 74.2 88.9 94.8 93.9 85.7 89.6
2003 90.6 74.1 94.4 93.2 93.4 95.3 93.3
Source: Behavioral Risk Factor Surveillance System, DPHSS

Pap Smears by Age, Women 18+ years
Percent With Pap Smear in the Last 3 Years

Year 18+ 18-24 25-29 30-44 45-54 55-64 65+
2001 90.2 91.3 92.5 92.5 94.2 86.1 72.7
2002 81.5 79.2 76.6 84.7 88.3 76.7 60.0
2003 88.9 100.0 91.2 87.9 88.2 82.9 82.8
Source: Behavioral Risk Factor Surveillance System, DPHSS

The rate of deaths has declined due to the usage of the Pap test. The decrease is also because more women are having regular gynecological examinations.

c. Plan for the Coming Year

The Breast and Cervical Cancer Screening Program is a federally funded program that is aimed at low-income women without other sources of health insurance. The Guam program started six years ago and pays for Pap smears and mammograms but does not pay for work up of abnormal findings or for treatment once cancer is diagnosed. Women with abnormal results are referred to the Seventh Day Adventist Clinic.

State Performance Measure 6: *To improve the referral system of infants under the age of one year to the Department of Public Health and Social Services, Children with Special Health Care Needs (CSHCN) Program for entry into the CSHCN Registry.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	27	27	27	27	28
Annual Indicator	24.1	25.5	28.4	27.5	27.5

Numerator	914	914	914	907	907
Denominator	3787	3583	3221	3298	3298
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	29	30	30	30	30

a. Last Year's Accomplishments

The Memorandum of Agreement (MOA0 between the University of Guam, Department of Education, Special Education Division, Guam Memorial Hospital Authority and the Guam Early Intervention Program is still in effect.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Health office staff, providers, community groups will conduct outreach activities to reach families			**X**	
2. Increase to 100% the number of CSHCN identified as eligible for Title V Program and are participants		**X**		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MCH CSHCN Components continues to be responsible for care coordination with various agencies in order to ensure services for Guam's CSHCN population are provided. MCH continues to foster partnerships by facilitating discussion with the management of partner agencies. The following agencies and programs are MCH/CSHCN partners:

c. Plan for the Coming Year

As community partnerships develop, they typically conduct a Needs Assessment, prioritize problems and identify needs. As partners conduct their Needs Assessments, MCH will provide support and any technical assistance.

State Performance Measure 8: *Percent of high school students who reported engaging in violence or in behaviors resulting from violence on school property.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	12	12	12	12	12
Annual Indicator	12.9	15.5	15.5	NaN	0.0
Numerator	1606	2051	2051	0	0
Denominator	12453	13234	13234	0	13906
Is the Data Provisional or Final?					Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	11	10	10	10	10

Notes - 2003

The program does not have accurate data available at the time of grant submission

a. Last Year's Accomplishments

The roots of violence are multifaceted usually involving a history of exposure to violence, parental rejection or physical abuse. Violence may occur in many settings. Since children spend a large percentage of their time in schools, prevention work in the school setting is especially important. Recent Youth Risk Behavior Surveillance (YRBS) data for youth on Guam shows a significant exposure to violence. This State Performance Measure was selected to address our commitment to preventing youth violence on Guam and youth violence prevention work.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Increase services to hard to reach populations by partnering with community based organizations			**X**	
2. Continue to collaborate with EMSC in the development and production of childhood injury prevention programs		**X**		
3. Increase the number of local providers trained in the diagnosis/treatment/ and mental health referral				**X**
4. Increase services to hard to reach populations by partnering with community based organizations				**X**
5.				
6.				
7.				
8.				

9.				
10.				

b. Current Activities

MCH has collaborated with the Guam Department of Education on violence prevention activities. Strategies to reduce youth violence included community based initiatives, classroom programs and educational campaigns. In the school setting, prevention curricula and school policies are utilized.

Inafa' Maolek is a non-government, community based, non-profit organization which promotes peace in the community. Inafa' Maolek was initiated by a local attorney and involves a network of volunteers which has been training and involving youth in peer mediation, date rape prevention and health education "community theatre" performance. In 2003, there were 212 performance related to violence.

c. Plan for the Coming Year

MCH will continue efforts to network, coordinate, plan, and develop policy through active participation on numerous councils and coalitions that advocate for children and families.

Title V will continue to provide support for conflict management, peer mediation and bullying prevention training programs.

Title V will work with the School Policy Board to develop a training manuals on Bully Prevention for School Counselors.

Title V will further support "Island Girl" Power to provide education. The efforts will be on ways to identify and avoid teen dating violence and sexual assault.

State Performance Measure 9: *The Percent of Adolescents aged 12 through 17 who use Tobacco*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	0	4	4	4	4
Annual Indicator	NaN	5.5	3.6		5.5
Numerator	0	958	611		761
Denominator	0	17442	16997	15538	13906
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance	3	3	3	3	3

Objective					

Notes - 2002

new performance measure 2001

Notes - 2003

The program does not have an accurate numerator

a. Last Year's Accomplishments

Smoking trends in the teen population have increased steadily over the past decades and smoking is associated with other risky behaviors. Nearly every adult who smokes his or her first puff at or before the age of 18.

MCH collaborated with the Tobacco Free Guam Program on tobacco prevention activities for adolescents. Strategies to reduce youth tobacco use included community based initiatives, classroom presentations and youth cessation programs. In the school setting, prevention curricula was focused in the middle schools and was reinforced in the high schools.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Enhance collaborative efforts with Youth for Youth Organization, Guam Youth Congress and Department				X
2. Identify assets that are related to reducing the risk of substance use among youth.		X		
3. Develop a community assessment tool identifying and measuring the number of asset building activities				X
4. Increase services to hard to reach populations by partnering with community based organizations				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Title V continues a long-standing relationship with the Guam Department of Education (DOE) to administer the Youth Risk Behavior Survey (YRBS). The YRBS is a data collection tool executed every two years by DOE to provide state level data on priority health risk behaviors relating to intentional or unintentional injury and violence; tobacco use; alcohol and other drug use; teen sexual behaviors; dietary behaviors and physical activity.

c. Plan for the Coming Year

MCH will continue coordination with DOE to administer the YRBS. MCH will help to facilitate the development of strategies to impact risky behaviors identified by the YRBS including the use of substances.

E. OTHER PROGRAM ACTIVITIES

Over this past year, much of the public health nurses and MCH Administrative staff's time and energy have been focused on the local implementation of activities to protect the public against acts of terrorism.

Plans for emergency and long-term responses to public health threats, such as bioterrorism are being drafted. Emergency response plans that serve both the local community and the island as a whole have been created over the past year.

The island of Guam receives funding for the continuation of the Cooperative Agreement with CDC to upgrade public health's preparedness for and response to bioterrorism, other outbreaks of infectious disease and other public health threats and emergencies. The previous grant year focused on assessing the capacity of the health department and also planning and beginning to build the critical infrastructure using an all hazards approach. Particular progress has been made in communication and information systems; laboratory capacity, and epidemiology and surveillance. Relationships have been built with the Guam Memorial Hospital to broaden the surveillance capacity of the island. We are fortunate, as a small island, to have a close relationship with our total community. The Department of Public Health and Social Services offices extensively collaborate with other state agencies, other health care entities and the Office of Homeland Security. We are also developing cross agency activities. Local action planning, which includes plans for the MCH population, is happening via the Local Emergency Planning Group.

In the coming year, assessment, planning, and implementation will continue. This year, we are planning to have the Public Health Laboratory designated as a Regional Capacity Laboratory. Increasingly, we will be testing, drilling and exercising the systems, which we have been developing. We will be developing even stronger collaborations with all those involved in preparedness planning. We will also be extending our collaborative efforts to Hawaii and other Pacific Island jurisdictions, in the areas of communications and emergency alerts, as well as surveillance for communicable diseases.

F. TECHNICAL ASSISTANCE

The Guam MCH Program lacks the capacity to adequately measure how well the program and services we support impact youth development. Further, programs across Guam DPHSS lack common language and focus with regard to youth focused programming. Technical assistance is requested to help facilitate the development of a youth focused program with Guam and particularly the Guam Title V Program.

The Guidance set forth for the Title VC Application and Annual Report requires that States report progress in achieving the established performance indicators for each of the 18 National Performance Measures, State Negotiated Performance Measures, 11 Health Status Capacity Indicators and health other status and sociodemographic indicators and 6 National Outcome Measures. This is a great challenge for those Jurisdictions with extremely limited resources and which at the same timer are left out of National surveys that provide the necessary data of the Performance Measures.

The latest example of a survey, which did not consider the needs of Jurisdictions, was the Children with Special Health Care Needs Survey. The survey was intended help Title V Programs by providing data to monitor the Performance Measures (PM's 02, 03, 04, 05 and 06) of the CSHCN population. However, Jurisdictions must also report progress on these measures, although we were not included in the survey.

The Guam MCH CSHCN Component does not have the necessary data to monitor the progress of the five performance measures mentioned above. There is no data for either denominator not the numerator that is accurate for these performance measures.

V. BUDGET NARRATIVE

A. EXPENDITURES

Estimates had to be used in providing budget and expenditure details. Breakdown of expenditures by type of services is a very difficult task when we try to assess the performance of a public health professional. This task is quite easy at the levels of the pyramid related to direct services. At this level, we know who serves the different groups of the MCH population and the amount of time dedicated to each of the subgroups, allowing us to determine the expenditures by the individual served. But trying to estimate the amount of time dedicated to each of the subgroups comprising the MCH population, as well as the time dedicated to perform enabling, population-based or infrastructure building services is not an easy task. For this reason, estimates had to be made and this may lead to discrepancies between the budgeted and the expended figures by levels of the pyramid.

B. BUDGET

The Maternal and Child Health Program budget and functions reflect an evolving public health responsibility that complements and enhances the current health delivery system, recognizes recent legislative changes in health and mandated public health functions, the uniqueness of the populations being served, emerging research and standards of care affecting the health status of the population.

Guam continues to allocate Maternal and Child Health Block Grant funds using criteria that include: 1) MCH priority needs based on island wide and community assessments; 2) local health department fiscal shortfalls within the identified core categories; 3) level of poverty and estimated maternal and child population; 4) performance measures and outcome measures and 5) whether other funding or shortfalls become available.

Throughout the development and subsequent expenditure of the MCH budget, the grant is fiscally and programmatically monitored to ensure that the funding levels adhere to the "30-30-10" Title V requirement. In addition, throughout the two-year process but particularly during the budget development and any revision phases, the MCH Program evaluates the MCH Service Pyramid fiscal allocation to ensure that it reflects the sprit and intent of the program.

For FY'06, children's preventive and primary care comprise 30.94% of the federal application. Children with Special Health Care Needs reflect 32.43% of the federal allocation. Administrative costs include salaries and travel for staff to support the Title V Program are 9.6% of the Block Grant allocation.

The budget for FY'06 is an estimate at best. We are unsure how the local health care budget will affect the distribution of the MCH budget. Additionally, it is nearly impossible to track expenditures by population groups and levels of the pyramid. The distribution of grant funds is now being distributed among different programs and services within the Department of Public Health and Social Services and these programs have no interest and limited capability for tracking the MCH allocation and especially no interest in tracking by levels of the pyramid.

The total request for the Maternal and Child Health Block Grant for FY'06 is $906,877. The State Match is $269,921

The breakdown is as follows:

1. Pregnancy women $263,918
2. Infants < 1 year old $272,063
3. Children 1 to 22 years old $275,065
4. Children with Special Health Care Needs $275,065
5. Administration $90,687

Types of Services by Levels of the Pyramid:

For FY'06 $327,199 is budgeted for Direct Health Care Services. This includes prenatal care and delivery services for pregnant women not eligible for Medicaid or the locally funded Medically Indigent Program; services for high-risk pregnant women; medical service for children with special health care needs and clinical services provided through the local health department.

Guam had budgeted $302.495 under Enabling Services for FY'06. Activities included under this level of the pyramid are case management services for pregnant women; outreach to pregnant women and children; nutrition education activities targeted to pregnant women and infants; coordination provided through the local health department and/or community based organizations; and assessment, monitoring and referral activities for children with special healthy care needs.

For Population based services, Guam has budgeted $ 303,421. These activities include immunizations, oral health education, newborn metabolic screening, genetic activities and injury prevention.

Guam has budgeted $243,683 for Infrastructure Building Services. Funds have been designated to support MCH planning activities for collaboration between the local hospital, Southern and Northern Regional Health Centers and community planning activities.

Budget Justification

Personnel $893,664

The Maternal and Child Health supports 21 positions The amount is inclusive of fringe benefits, life insurance, health/dental insurance and "special pay" for nurses.

Travel $33,130

To support necessary travel to mandated meeting, conference and trainings. In addition, local mileage reimbursement of 30 cents per mile.

Contractual $ 30,000

Contractual services are budgeted for the development of educational materials to increase public awareness and education on Maternal and Child Health issues.

Supplies $ 220,004

Consumables are budgeted for the day-to-day operation of the Maternal and Child Health Program.

The bulk of the request is for pharmacy items for MCH clients. The demand for MCH services had brown. These clients are either uninsured or do not have the financial resources to seek care at the Northern or Southern Regional Public Health Centers, where there is a fee for services.

Equipment $ 3,461

This is to purchase educational books, videos and visual models to carry out the health education activities and prevention aspects of the MCH Program.

Communication $ 150

Long distance telephone and facsimile correspondence will be needed.

VI. Reporting Forms-General Information

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. Performance and Outcome Measure Detail Sheets

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. Glossary

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. Technical Note

Please refer to Section IX of the Guidance.

X. Appendices and State Supporting Documents

A. Needs Assessment

Please refer to Section II attachments, if provided.

B. All Reporting Forms

Please refer to Forms 2-21 completed as part of the online application.

C. Organizational Charts and All Other State Supporting Documents

Please refer to Section III, C "Organizational Structure".

D. Annual Report Data

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.